



TOWN OF LAKE PARK

DEPARTMENT HEADS AND DESIGNATED EXEMPT POSITIONS INITIAL APPLICATION, RELEASE OF INFORMATION AND CONTACT INFORMATION FORM

Please type or print clearly, and do not use pencil or revise or reformat this form in any way. Completed forms must be submitted by the applicant directly to the Human Resources Department, Lake Park Town Hall, 535 Park Avenue, Lake Park, Florida 33403. Completed forms will not be accepted by fax or email.

- I am interested in seeking the position of _____. As part of the initial application process, I am submitting by attachment with this form, a true and correct copy of my resume to the Town of Lake Park for consideration.

1. Applicant's Last Name: _____

2. Full First Name: _____ Middle Name: _____

3. Applicant's Home Address: _____
(Do not use a post office box.)

City: _____ State: _____ Zip Code: _____

4. Home Telephone No. (with area code): _____

5. Cell Phone No. (with area code): _____

6. Email Address: _____

7. Social Security Number: _____

(The Town of Lake Park requests your social security number for the purpose of conducting pre-employment background checks, pre-employment physical examinations and drug screens, employment benefits, and income reporting. Your social security number will be used solely for these purposes.)

- I hereby certify that my resume and the information provided by me are true and complete. I understand that any misrepresentation or material omission of information by me may serve as a basis for disqualification of consideration of my employment with the Town, and may subject me to termination of employment, if hired. I further understand that submission of my resume and this

Release of Information and Contact Information Form

12/17/2014

Previous editions obsolete

form shall serve as the initial step in the application process with the Town and that I must complete each required step thoroughly, completely and accurately.

- I further give my consent to the Town to investigate and verify any information provided on my resume, this form and successive documents completed for the purpose of employment consideration. I consent to have background checks, pre-employment physical examinations, drug testing, reference checks and any other necessary investigations undertaken to determine my suitability for employment.
- I hereby authorize any representative of the Town, bearing this release, or copy thereof, to obtain any information in any files pertaining to my educational background, attendance, employment history and disciplinary records. I further release the Town or its employees from any liability for damages resulting from reference checks, background checks associated with this application process.

Signature of Applicant

Date

Applicant Full Name: _____
(please print)